

Justification for Miscellaneous Enteral Nutrition Procedure Code (B9998)

Fax this form with your Manufacturer's Wholesale Invoice and Physician's Prescription to obtain authorization prior to submitting your claim.

Attn: Enteral Nutrition Program
Fax to: 1-866-668-1214

Attach a typed and completed General Authorization for Information form (HCA 13-835) to your request.

CLIENT NAME:	
PROVIDER ONE CLIENT ID:	
ICD-9 DIAGNOSIS:	
PROVIDER NAME:	
PROVIDER NPI:	
DATE OF SERVICE:	
MEDICAL NECESSITY: (Please give specifics)	
ITEM REQUESTED:	
QUANTITY REQUESTED:	
REQUESTED HCPCS CODE:	
REMARKS:	